

Family Initiated Treatment (FIT)

**Guide for families,
participants, and providers**

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Behavioral Health treatment options

Parents or guardians seeking a mental health or substance use evaluation or treatment for an adolescent age 13 to 17 years old must be notified of all legally available treatment options. These include Adolescent-Initiated Treatment (formerly minor-initiated treatment), Family-Initiated Treatment (formerly parent-initiated treatment), and Involuntary Commitment. Beginning July 2019, HB 1874 expands adolescent behavioral health (BH) treatment access, by broadening Family-Initiated Treatment (FIT) language under [RCW 71.34](#) to include outpatient treatment services and guidelines regarding information that can be disclosed to a parent, guardian, or behavioral health provider without consent of the adolescent.

Adolescent-Initiated Treatment (RCW 71.34.500-530)

An adolescent, 13 to 17 years old, may request an evaluation for outpatient or inpatient mental health or substance use disorder treatment without parental consent. If the facility agrees with the need for outpatient mental health or substance use disorder treatment, the adolescent may be offered services. An inpatient admission shall occur only if the professional person in charge of the facility concurs with the need for inpatient treatment. For a minor under the age of 13, either parental consent or consent from an approved guardian is required for inpatient treatment.

Family-Initiated Treatment (RCW 71.34.600-670)

The parent, guardian, stepparent, kinship caregiver, other relative or authorized individual may bring their adolescent age 13 to 17 years old to any mental health evaluation and treatment facility, hospital, inpatient facility or an approved substance use disorder (SUD) treatment program and request that a mental health evaluation or substance use disorder assessment be conducted by a professional person to determine whether the adolescent has a mental health or substance use disorder and is in need of inpatient or outpatient treatment. The evaluation in an inpatient setting cannot take longer than 72 hours. Consent of the adolescent is not required for either an outpatient or inpatient mental health or substance use disorder evaluation. *Please see new definition of parent [RCW 71.34.020\(25\)\(a\)](#).*

Please note: *No provider is obligated to provide treatment to an adolescent under the provisions of FIT. However, an adolescent's refusal to consent to treatment shall not be the sole basis for a facility's decision to decline services.*

Family-Initiated Outpatient and Intensive Outpatient Treatment

If it is determined by the professional person that the adolescent age 13 to 17 years old has a mental health or substance use disorder, and is in need of *outpatient treatment*, services can be offered to the adolescent through FIT. FIT specifies that a parent may access and consent for up to 12 outpatient mental health and/or SUD sessions for an adolescent with a specific professional person within a 3-month period. The outpatient professional delivering services must notify the Health Care Authority's (HCA) contracted reviewer that an adolescent has begun receiving outpatient treatment within the first 24 hours of the initial services under Family-Initiated Treatment, and again every 45 days throughout the 3-month period. Following the treatment period, an adolescent must provide consent for further treatment with the same outpatient provider.

Inpatient Family-Initiated Treatment and residential inpatient process

If it is determined by the professional person that the adolescent age 13-17 years old has a mental health or substance use disorder and there is medical need for inpatient treatment, the parent or guardian may request that the adolescent be held for treatment. If the inpatient program believes the adolescent needs to be held for treatment, the inpatient facility must notify HCA's contracted reviewer that an adolescent has been admitted.

For adolescents receiving treatment within a residential treatment facility and is not released by a court, they may remain in a residential treatment facility so long as it continues to be a medical necessity for the adolescent to receive such treatment (RCW 71.34.630(2)).”

Family Initiated Treatment (FIT) fact sheet

There are multiple pathways to access behavioral health services (mental health and substance use disorder) for children (ages 0-12) and youth (ages 13-17) in Washington State. System of care in Washington is guided by 3 core values that include: family and youth driven and directed, emphasis on importance of community-based services, and delivery of services with cultural and linguistic humility to address issues of diversity and disparity. Within this framework youth always have the right to receive services in the least restrictive setting to have their needs met. Additionally, there may be times when the youth may not be able to provide consent to participate in behavioral health treatment voluntarily. Family Initiated Treatment (FIT) provides an additional access point for these youth to receive the behavioral health treatment they need.

Family Initiated Treatment

A parent or guardian as defined in RCW 71.34.020, may bring their youth to a participating outpatient behavioral health provider, evaluation and treatment (E&T) facility, inpatient facility (licensed under RCW 70.41, 70.12, or 72.23), secure withdrawal management facility or approved substance use disorder (SUD) treatment program and request an evaluation to determine if their symptoms met the medical necessity for this level of service. The youths' consent is not required.

The Health Care Authority (HCA) has developed 3 FIT training modules for youth, parents/guardians, providers, and the community at large to help provide additional knowledge and clarification on how to access FIT and what that process entails. Modules 1 and 2 provide background information and address what is in the law, while module 3 is focused on best practices for treatment engagement.

Outpatient FIT

The parent(s) or guardian as defined in RCW 71.34.020, may bring or authorize the bringing of their youth to an outpatient behavioral health provider and request that an appropriately trained professional as defined by WAC 182-130-0100, complete an evaluation and determine if the youth meets medical necessity for outpatient treatment. If after the initial evaluation the professional person agrees the youth could benefit from outpatient treatment, the parent or guardian may provide consent for up to 12 outpatient visits within a 3-month period, without the youth's consent. Following the 3-month treatment period, the youth will need to consent for further treatment with that specific professional person.

A professional person that is solely providing mental health (MH) treatment to the youth has to provide notification of the treatment to the FIT administration within twenty-four hours of the first receipt of treatment and again at least every 45 days. HCA will then conduct a review to determine if the current level of treatment is medically necessary.

A professional person solely providing substance use disorder (SUD) treatment or co-occurring SUD and MH treatment, will convene a treatment review. If the youth provided written consent to the disclosure of SUD treatment, this review is sent to an independent reviewer at HCA and includes that written receipt of treatment notification. For additional information on (SUD), please reference the Health Care Authority Youth Substance Use Disorder Treatment Services Fact Sheet.

Inpatient FIT

When a parent or guardian is seeking inpatient care for their youth, they may seek an evaluation at:

- Evaluation and treatment (E&T) facility
- Hospital emergency department
- An approved SUD treatment program as defined by RCW 71.34.600; chapter 70.41, 71.12, or 72.23
- Withdrawal management program, or
- Inpatient facility

This evaluation must be completed within 24 hours from the time the youth is brought to the facility unless the professional person determines that the condition(s) necessitate additional time for evaluation. When a youth

is admitted for FIT inpatient treatment, HCA must conduct a contracted independent review of medical necessity for treatment within the timespan of one to two weeks following admission. If HCA's finding confirms the medical necessity for treatment, the youth has the opportunity to petition the superior court to order their release from the treatment facility. If the youth files a petition for release, the facility must discharge the youth within 30 days from HCA's contracted review of medical necessity or 30 days from a youth's filing of a petition for release, whichever is later unless the adolescent voluntarily agrees to further treatment or a designated crisis responder (DCR) initiates involuntary commitment proceedings.

No provider is obliged to provide treatment to a youth under FIT, however no provider may refuse to treat a youth solely on the basis that the youth has not consented to the treatment as defined by RCW 71.34.600 (4). Additionally, no provider may admit a youth to treatment unless it is medically necessary. If, after any review conducted by the authority under RCW 71.34.610 (3) it is determined there is no longer a medical necessity for the youth to receive inpatient treatment, the authority will immediately notify the parents and the facility. The facility will release the youth to the parents within 24 hours of receiving notice.

Eligibility requirements

Youth 13-17 years of age

Authority

RCW 71.31, RCW 71.34.020, RCW 71.34.600, RCW 71.34.610, RCW 71.34.670, WAC 182-130-0100

Partners

Youth, parent, or guardian; managed care organizations (MCOs), behavioral health administrative services organizations (BH-ASOs), mental health and SUD treatment providers, hospitals, school-based professionals, the Department of Children, Youth and Families (DCYF).

Oversight

Per RCW 71.34.610, The Children Long Term Inpatient (CLIP) Administration Office is HCA's identified state-contracted agency to provide reviews of medical necessity determinations of youth admitted to inpatient treatment under FIT under 71.34.600.

For more information

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[Family Initiated Treatment \(FIT\) Health Care Authority
FIT Washington](#) (training modules)

Family Initiated Treatment (FIT)

Adolescents ages 13-17 are eligible for services through Family Initiated Treatment (FIT)

Parents, providers, or adolescents may consent for themselves or on behalf of adolescents who meet medical necessity. Consent of the adolescent is not required. The FIT process creates an additional access point but does not guarantee care on demand for adolescents admitted through FIT. Providers will have individual processes and requirements for evaluation and admission to services.

Mental health providers may share adolescents' (age 13-17) treatment information to parents, if the provider believes that sharing this information would benefit the treatment process. This includes sharing information through Family Initiated Treatment (FIT).

Outpatient Family Initiated Treatment Process

Following the 3-month treatment period, the adolescent must provide their consent for further treatment with the same treatment professional.

Inpatient Family-Initiated Treatment and residential inpatient process

When a youth is admitted for FIT inpatient treatment, HCA must conduct a contracted independent review of medical necessity for treatment within the timespan of one to two weeks following admission. If HCA's finding confirms the medical necessity for treatment, the adolescent has the opportunity to petition the superior court to order their release from the treatment facility. If the youth files a petition for release, the facility must discharge the youth within 30 days from HCA's contracted review of medical necessity or 30 days from a youth's filing of a petition for release, whichever is later unless the adolescent voluntarily agrees to further treatment or a designated crisis responder (DCR) initiates involuntary commitment proceedings.

Please note:

No provider is obligated to provide treatment to an adolescent under the provisions of Family Initiated Treatment. However, an adolescents' refusal to consent to treatment shall not be the sole basis for a facility's decision to decline services.

[RCW 71.34.600](#)

1. (b) For purposes of family-initiated treatment under [RCW 71.34.600](#) through [71.34.670](#), "parent" also includes a person to whom a parent defined in (a)
2. of this subsection has given a signed authorization to make health care decisions for the adolescent, a stepparent who is involved in caring for the adolescent, a kinship caregiver who is involved in caring for the adolescent, or another relative who
3. is responsible for the health care of the adolescent, who may be required to provide a declaration under penalty of perjury stating that he or she is a relative responsible for the health care of the adolescent pursuant to chapter [5.50](#) RCW

For adolescents receiving treatment within a residential treatment facility and is not released by a court, they may remain in a residential treatment facility so long as it continues to be a medical necessity for the adolescent to receive such treatment (RCW 71.34.630(2))."

Steps to access FIT

Adolescents ages 13-17 are eligible for services through Family Initiated Treatment (FIT)

Parents may consent on behalf of adolescents who meet medical necessity. Consent of the adolescent is not required. The FIT process creates an additional access point but does not guarantee care on demand for adolescents admitted through FIT. Providers will have individual processes and requirements for evaluation and admission to services.

Outpatient Family-Initiated Treatment Process

FIT outpatient services can last up to 3 months and include up to 12 visits, after which services may only be continued with the adolescent's consent.

Process

- Parent requests outpatient mental health and/or substance use disorder (SUD) services through FIT.
- If the provider determines that the adolescent meets medical necessity criteria for outpatient services, the parent can consent to services on the adolescent's behalf.
- Provider has parent sign consent form on behalf of adolescent.
- Within 24 hours of all outpatient admissions under FIT, the provider must notify HCA's contractor, the FIT Administration Office. *(See the section on reviews for more information on this process.)*

Inpatient Family-Initiated Treatment and residential inpatient process

When a youth is admitted for FIT inpatient treatment, HCA must conduct a contracted independent review of medical necessity for treatment within the timespan of one to two weeks following admission. If HCA's finding confirms the medical necessity for treatment, the adolescent has the opportunity to petition the superior court to order their release from the treatment facility. If the youth files a petition for release, the facility must discharge the youth within 30 days from HCA's contracted review of medical necessity or 30 days from a youth's filing of a petition for release, whichever is later unless the adolescent voluntarily agrees to further treatment or a designated crisis responder (DCR) initiates involuntary commitment proceedings.

Process

Evaluation

Parent requests evaluation of adolescent at an evaluation and treatment (E&T) facility, inpatient facility, or an approved substance use disorder treatment program.

The evaluation must be completed within 24 hours from the request, unless the person assessing determines that the individual's condition necessitates additional time. Evaluation cannot take longer than 72 hours, and treatment must be limited to that which is medically necessary to stabilize the individual's condition. Consent of the adolescent is not required for evaluation.

Admission

If, through evaluation, the provider determines that the adolescent meets medical necessity criteria for inpatient services, the parent can consent to services on the adolescent's behalf.

Within 24 hours of all inpatient admissions under FIT, the provider must notify HCA's contractor, the FIT Administration Office. *(See the section on reviews for more information on this process.)*

Treatment and Reviews

- Within 24 hours of all inpatient or outpatient admissions under FIT, the provider must notify HCA's contractor, the FIT Administration Office, via secure email at fitreporting@fitadministration.com or via secure fax at 253-864-2765. The notification shall include the following information:
 - Name,
 - Date of FIT admission or status change to FIT,
 - Date of birth,
 - County in which the adolescent lives, and
 - Whether the adolescent is covered by private insurance or Medicaid.

Outpatient review

- For outpatient reviews, the provider must send information to HCA's contracted reviewer between 7 – 14 days of an adolescent's admission, and every 45 days that treatment continues. The following information must be sent to HCA's contracted reviewer for review of medical necessity:
 - Admittance face sheet
 - Intake assessment note
 - Discharge summary

Inpatient review

1. Between 7 and 14 days of an adolescent's admission, HCA's contracted reviewer, the FIT administration must conduct an independent review to determine whether it is medically necessary to continue inpatient treatment.
2. Prior to the independent review conducted under RCW 71.34.610, the professional person shall notify the adolescent of their right to petition the Superior Court for release from the facility.
3. By the 10th day after admission (or the day before, if the 10th day is a holiday or weekend), the inpatient provider must notify and provide information needed to complete the review to the FIT administration, if the patient remains admitted under FIT status and will not be discharged within 14 days after admission. Treatment information needed to conduct a FIT review includes:
 - Hospital Face Sheet with parent contact information,
 - Psychiatric and physical history from admission,
 - Psychiatric progress notes from past 2-3 days on the unit, and
 - Shift and RN/clinical notes from the most recent 2-3 days on the unit.
4. After the independent review has been completed, the reviewer will send **certification** to the inpatient provider, via secure email or fax, for the adolescent's inpatient file.
5. If the independent review does not find medical necessity criteria is met for continued inpatient treatment, the reviewer will immediately notify the hospital/E&T and parent. The facility must release the adolescent within 24 hours of receiving the notice. If the professional person in charge and the parent believe that it is a medical necessity for the adolescent to remain in inpatient treatment, the adolescent shall be released to the parent on the second judicial day

following the determination, in order to allow the parent time to file an at risk youth petition under Chapter 23.32A RCW. (Consideration for an adolescent voluntarily signing into treatment or evaluating whether an Involuntary Treatment Act [ITA] hold is appropriate, are also options.)

6. The inpatient provider must notify the FIT Administration Office of the discharge date or change of admission status (i.e. voluntary or ITA) via secure email or fax.

Please note

No provider is obligated to provide treatment to an adolescent under the provisions of FIT. However, an adolescent's refusal to consent to treatment shall not be the sole basis for a facility's decision to decline services. RCW 71.34.600.

Important SUD Disclosure Notes

If an adolescent is admitted for SUD evaluation and/or treatment, all protected health information (PHI) must be redacted, unless the adolescent provides written consent to the disclosure of the admission or SUD treatment information per federal law 42 CFR Part 2, or if and when federal law is changed.

A professional person who is licensed solely to provide SUD treatment, or co-occurring SUD and mental health treatment under an SUD license, will only be able to provide an evaluation to determine appropriate level of care and medical necessity. Information cannot be shared unless the adolescent is willing to sign a release of information as required by federal law. The provider should continuously attempt to engage the adolescent throughout the process to voluntarily consent to treatment, at which time FIT is no longer necessary.

Parent, referenced, is the expanded definition according to RCW 71.24.025 (a) A biological or adoptive parent who has legal custody of the child, including either parent if custody is shared under a joint custody agreement; or (b) A person or agency judicially appointed as legal guardian or custodian of the child.

Resources

Behavioral Health treatment options for adolescents

Parents or guardians seeking a mental health or substance use evaluation or treatment for an adolescent age 13 to 17 years old must be notified of all legally available treatment options. These include Adolescent-Initiated Treatment (formerly minor-initiated treatment), Family-Initiated Treatment (formerly parent-initiated treatment), and Involuntary Commitment. HB1874 expands adolescent behavioral health (BH) treatment access, by broadening Family-Initiated Treatment (FIT) language under [RCW 71.34](#) to include outpatient treatment services and guidelines regarding information that can be disclosed to a parent, guardian, or behavioral health provider without consent of the adolescent.

Parent guide to Family Initiated Treatment (FIT)

Adolescents ages 13-17 are eligible for services through Family Initiated Treatment (FIT). Parents may consent on behalf of adolescents who meet medical necessity. Consent of the adolescent is not required. The FIT process creates an additional access point but does not guarantee care on demand for adolescent admitted through FIT. Providers will have individual processes and requirements for evaluation and admission to services.

Access to Family Initiated Treatment (FIT) training

FIT was developed, based in part on recommendations made by the Parent Initiated Treatment (PIT) stakeholder advisory group that includes youth, parents, clinicians, hospitals/emergency departments, and child systems advocates. PIT for acute inpatient evaluation and treatment is long standing and has evolved into FIT, which provides an avenue for outpatient evaluation and treatment as well as additional guidelines associated with the FIT legislation. The stakeholder group's findings and recommendations were delivered to the Children's Mental Health Work Group on December 1, 2018. In 2019, the Legislature enacted Engrossed Second Substitute House Bill 1874.

Parents may consent on behalf of adolescents who meet medical necessity. Consent of the adolescent is not required. The Family Initiated Treatment (FIT) process creates an additional access point but does not guarantee care on demand for adolescents admitted through FIT. Providers will have individual processes and requirements for evaluation and admission to services.

Providers guide to Family Initiated Treatment (FIT)

Parents may consent on behalf of adolescents who meet medical necessity. Consent of the adolescent is not required. The FIT process creates an additional access point but does not guarantee care on demand for adolescents admitted through FIT. Providers will have individual processes and requirements for evaluation and admission to services.

Notice of Outpatient Mental Health Treatment

Notice of Outpatient Mental Health Treatment (RCW 71.34.650)

A professional person providing solely mental health treatment to an adolescent under this subsection (6) must convene a treatment review at least every thirty days after treatment begins that includes the adolescent, parent, and other treatment team members as appropriate to determine whether continued care under this subsection is medically necessary.

A professional person providing solely mental health treatment to an adolescent under this subsection (6) shall provide notification of the adolescent's treatment to an independent reviewer at the authority within twenty-four hours of the adolescent's first receipt of treatment under this subsection.

Mental health information disclosures

Background

- Mental health providers may share adolescents' (age 13-17) treatment information to parents, if the provider believes that sharing this information would benefit the treatment process. This includes sharing information through Family Initiated Treatment (FIT).
- It is important for adolescents to feel comfortable sharing their private information with their therapist.

Process to follow to share information with or without adolescent consent

- Provider talks to adolescent about information they wish to disclose.
- Provider addresses any concerns the adolescent has about the disclosure of their information.
- If the provider proceeds with sharing the information, they must inform the adolescent of their reasons for doing so and document the adolescent's concerns in their medical record.
- **Documentation is only required** if an adolescent objects to sharing and the provider feels that sharing is necessary.

Information that can be shared

Here are some examples of information that may be useful for providers to share:

- Diagnosis and recommendations for treatment
- Treatment progress
- Recommended medications, their benefits and risks, side effects, and dosage
- Crisis prevention and safety planning
- Referrals for other services in the community that may help the adolescent and family
- Training or coaching for the parents that could benefit the adolescent and family.

FAQ

“Coming soon”

Who to contact

At the Health Care Authority

- Email: Hcafamilyinitiatedtreatment@hca.wa.gov
- Web:
 - [FIT for families webpage](#)
 - [FIT for providers webpage](#)

Fit Administration Office

- Secure email: fitreporting@fitadministration.com
- Secure fax: 253-864-2765.